



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LABORATORIES DIVISION  
2725 WAIMANO HOME ROAD  
PEARL CITY, HAWAII 96782-1496

In reply, please refer to:  
File: SLD/Clinical Lab Pers. Licensing

### Verification of Certification by Written Examination

**Applicant:** Please complete and sign the top part of this form and mail it to the agency that certified you by written examination. Contact the agency by phone (Attachment B) for the correct mailing address for verification. The agency's address to verify your certification may be different from the address for examinations listed on Attachment B. Copies of this form can be used.

Dear Registry Administrator:

I am applying for a clinical laboratory personnel license in the state of Hawaii. Please verify that I have passed a written examination given by your agency by mailing this letter to:

State Laboratories Division  
Attn: Clinical Lab Personnel Licensing  
State of Hawaii Dept. of Health  
2725 Waimano Home Road  
Pearl City, HI 96782

_____	_____	_____
Applicant's Signature	Applicant's typed or printed name	Date of Birth
_____	_____	
Applicant's Social Security No.	Date	

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**Certification agency, please complete:**

Name as it appears on certificate: \_\_\_\_\_

Profession: \_\_\_\_\_

Certification was issued on \_\_\_\_\_ (date) after passing a written examination.

_____	_____	_____
Authorized signature	Title	Date
_____	( ) _____	
Name of organization	Phone Number	